Table 1 Findings related to questionnaires

	RA (n=126)	AS (n=100)	FMS (n=103)	ALL (n=329)
HAQ	13,3±11,9	12,6±9,9	11,7±9,5	12,6±10,6
HADS-A	7,1±5,4	9,9±4,8	9,7±4,8	8,8±5,2
HADS-D	5,7±4,5	8±4,2	9,2±4,4	7,5±4,6
BETV	60,6±29,7	59,9±24,3	67,1±22,7	62,7±26,3
1st question				
(I can't stop myself doing activities even though I know it will increase my pain.)				
Yes always (%)	46	50	33	43,2
Yes often (%)	8,7	21	21,4	16,4
Yes sometimes (%)	23	12	26,2	20,7
Yes rarely (%)	4	2	13,6	6,4
No never (%)	18,3	15	5,8	13,4
4th question				
(I don't feel comfortable unless I take painkillers.)				
Yes always (%)	21,4	38	29,1	28,9
Yes often (%)	9,5	11	9,7	10
Yes sometimes (%)	22,2	15	22,3	20,1
Yes rarely (%)	16,7	13	19,4	16,4
No never (%)	30,2	23	19,4	24,6

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FRI0706-HPR VALUES UNDERLYING DISEASE-MODIFYING ANTIRHEUMATIC DRUG PREFERENCES OF PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Disease-modifying antirheumatic drugs (DMARDs) are the cornerstone of treatment in rheumatoid arthritis (RA). Each DMARD has its own characteristics (e.g. onset of action, route of administration and dosing frequency). Treatment decisions should ideally be made through a shared decision making (SDM) process between clinicians and patients, taking account of patient preferences (1,2). This requires an understanding of patient preferences. A number of studies have explored DMARD preferences of patients with RA (3). However, insight into values underlying DMARD preferences that may drive patients' treatment decisions is still lacking. Such information is relevant for clinicians in order to better understand patient preferences. Ultimately, this will facilitate the SDM process.

Objectives: To provide insight into values underlying DMARD preferences of patients with RA.

Methods: A secondary analysis of transcripts from three focus groups in patients with RA. Two researchers independently analysed the transcripts, using thematic analysis with an inductive approach.

Results: Twenty-three patients participated in the focus groups. They had a median age of 62 years (range: 36–78 years), 87% were female and the median disease duration was 11 years (range: 2–42 years). Three values were identified: certainty, independency and safety. Certainty: patients wanted to be certain that the DMARD would work for them. DMARD characteristics that represented this value were onset of action and efficacy. Independency: a DMARD that could easily be fitted into patients' everyday lives was considered important. Route of administration, dosing frequency, location of administration and storage conditions were DMARD characteristics that represented this value. Safety: patients wanted to prevent health damage related to their DMARD use. DMARD characteristics that represented this value were chance of side effects, severity of side effects and consequence of long term use.

Conclusions: Certainty, independency and safety are important values to patients with RA. These values underlie DMARD preferences that may drive patients' treatment decisions. This deserves attention in the SDM process.

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FRI0707-HPR PATIENTS' EXPERIENCES OF HEALTH IN EARLY RHEUMATOID ARTHRITIS – A QUALITATIVE STUDY

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Background: The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health changes dramatically when a person becomes ill in a chronic disease as rheumatoid arthritis (RA). RA is a disease with great impact on all aspects of life. Living with RA affects patients' health including physical, emotional, psychological and social aspects. The purpose of a person-centered care is to see patients as experts; sharing decisions with them and helping them manage their health. Therefore it is important to understand how patients in early disease stage of RA experience the concept of health.

Objectives: The purpose of this study was to describe patients' experiences of health in early RA.

Methods: The study had a descriptive design with a qualitative content analysis approach. Individual interviews were conducted with 24 patients with early RA. In this study the patients had disease duration less than 12 months. A manifest qualitative content analysis was used to analyze the question: "What does health mean to you?"

Results: In the early stage of RA, patients experienced health as the most important goal in their life. They described health as well-being, independence, life satisfaction and vitality. Health as well-being meant to feel good, be painless and